

# DIABETES IN FAIRFIELD COUNTY

SC Department of Health and Environmental Control

◆ Diabetes Control Program    ◆ Chronic Disease Epidemiology Branch  
Diabetes Initiative of South Carolina

Diabetes mellitus, a chronic disease characterized by elevated blood sugar levels, is a significant contributor to morbidity and mortality in South Carolina and throughout the United States. Diabetes can cause debilitating and costly complications such as blindness, renal failure, lower extremity amputations, and cardiovascular disease. Much of the health and economic burden of diabetes can be averted through known prevention measures.

In 1998, 5.7 percent of South Carolina adults, equivalent to approximately 163,000 adults, reported having been diagnosed with diabetes. Diabetes was the sixth leading cause of death in South Carolina claiming 1,029 lives in 1997 and contributing to another 3,014 deaths. This report presents the burden of diabetes in Fairfield county.

## Behavioral Risk Factors

Table 1 displays the prevalence of major behavioral risk factors for diabetes and its complications in Fairfield county and SC in 1998.

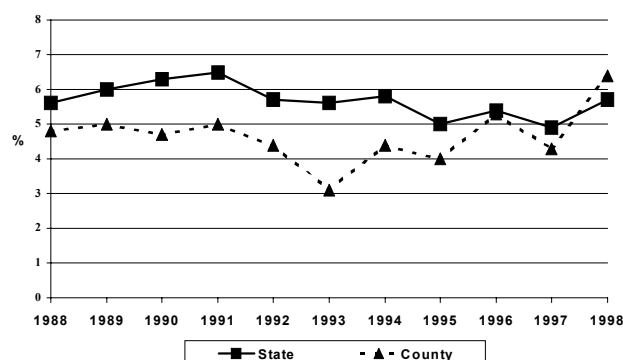
Table 1. Prevalence (%) of Behavioral Risk Factors for Diabetes

	Fairfield County	SC
Overweight	56.2	52.3
Current Smokers	24.7	24.7
Physical Inactivity	54.6	61.6
Consuming fruits and vegetables less than 5-A-Day	74.2	78.2
High Cholesterol (1997)	16.2	24.4
Hypertension (1997)	23.5	26.7

## Prevalence

In 1998, there were approximately 1,073 adults (6.4%) aged 18 and older living in Fairfield county who have been told by a doctor some time in their life that they have diabetes (Figure 1).

Figure 1. Prevalence of Self-Reported Diabetes among Adults, Fairfield, 1988-1998



## Morbidity and Complications

In 1997, there were 55 hospital discharges with diabetes as the primary diagnosis among Fairfield county residents. During the same year, there was an additional 390 hospital discharges with diabetes-related condition. African-Americans had more hospitalizations for diabetes than whites: 39 (71%) for diabetes as the primary diagnosis, and 229 (58%) hospitalizations for diabetes as a related condition.

In 1997, hospital charges for hospitalizations of Fairfield county residents having diabetes as primary diagnosis were up to \$333,410 and \$4.2

million for diabetes as a related condition. The total length of hospital stay for diabetes as the primary diagnosis was 352 days.

Fairfield county patients with diabetes who had diabetes-related complications in 1997 included:

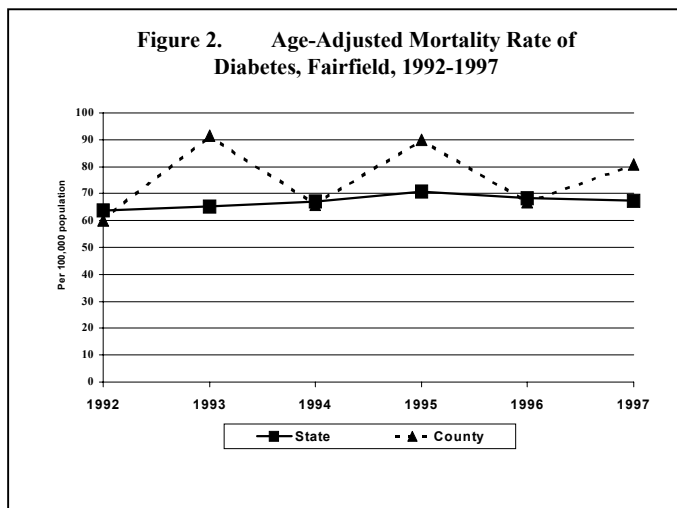
- 34 (7.7%) with renal manifestations;
- 12 (2.7%) with lower extremity amputations related to diabetes;
- 11 (2.5%) with diabetic ketoacidosis;
- 16 (3.6%) with renal failure;
- 18 (4.1%) with dialysis.

Adults with diabetes are at increased risk of developing cardiovascular disease. Out of 438 hospitalizations for patients with diabetes, 340 (77.6%) had cardiovascular diseases, and 47 (10.7%) had stroke.

In 1997, there were 98 emergency room (ER) visits for diabetes as the primary diagnosis, among which 76 (77%) were for African-American patients. In addition, there were 469 ER visits for diabetes as a related condition. Total ER charges for diabetes as the primary diagnosis was \$49,545.

## Mortality

In 1997, diabetes was listed as the underlying cause of death for 16 residents of Fairfield county. This is an age-standardized mortality rate of 49.8 per 100,000 population, higher than the state average of 39.2 per 100,000 population (Figure 2). Diabetes was listed as a contributing cause in 25 deaths in Fairfield county; a standardized mortality rate of 80 per 100,000 population.



A total of 92 potential years of life were lost in 1997 because people died prematurely from diabetes. African-American women had the highest standardized mortality (93.6 per 100,000 population) among all race-sex groups.

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